

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-476)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
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20	1					
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26	1					
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33	1					
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47						
48						
49						
50						
TOTAL INO.	5					
TOTAL DEP.	28					
TOTAL	33					

	INO.	DEP.	INO.	DEP.	INO.	DEP.
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TOTAL INO.						
TOTAL DEP.						
TOTAL						